PRINTED: 09/30/2009 FORM APPROVED

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

NVS2839AGC

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

B. WING

O7/29/2009

NAME OF PROVIDER OR SUPPLIER

4245 E BALTIMORE AVE

ST FRANCIS GROUP HOME CARE 5		4245 E BALTIMORE AVE LAS VEGAS, NV 89104			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments		Y 000		
	The findings and conclusions of any investig by the Health Division shall not be construed prohibiting any criminal or civil investigations actions or other claims for relief that may be available to any party under applicable feder state, or local laws.	d as s,			
	This Statement of Deficiencies was generated a result of an annual State Licensure survey conducted at your facility on 7/23/09 and 7/2 This State Licensure survey was conducted the authority of NRS 449.150, Powers of the Health Division. The facility received a grad C.	29/09. by			
	The facility was licensed for six Residential Facility for Group beds for elderly and disable person and/or persons with mental illness. census at the time of the survey was six. Six resident files were reviewed and three employing were reviewed. One discharged reside was reviewed.	The c oyee			
	The following deficiencies were identified:				
SS=E	449.196(1)(f) Qualifications of Caregiver-8 h training	nours	Y 070		
	NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.				
	This Regulation is not met as evidenced by Based on record review on 7/23/09, the facil failed to ensure 1 of 3 caregivers received e	lity			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

PRINTED: 09/30/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS2839AGC 07/29/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4245 E BALTIMORE AVE** ST FRANCIS GROUP HOME CARE 5 LAS VEGAS, NV 89104 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 070 Continued From page 1 Y 070 hours of annual training (Employee #3). Severity: 2 Scope: 2 Y 072 Y 072 449.196(3) Qualications of Caregiver-Med SS=E Training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and (b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau. This Regulation is not met as evidenced by: Based on record review on 7/23/09, the facility failed to ensure 1 of 3 caregivers completed the required three hour medication management

refresher training and passed an examination

every three years (Employee #3).

Severity: 2 Scope: 2

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		NIVE 2020 A CC		A. BUILDING B. WING			
NVS2839AGC			CTDEET ADD	DECC CITY CTA	ATE ZID CODE		
NAME OF PROVIDER OR SUPPLIER ST FRANCIS GROUP HOME CARE 5				RESS, CITY, STA LTIMORE AVE			
			LAS VEGAS, NV 89104				
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENC REGULATORY OR I		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
Y 103	Continued From page 2			Y 103			
Y 103 SS=F	NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.			Y 103			
	This Regulation is not met as evidenced by: Based on record review on 7/23/09, the facility failed to ensure 1 of 3 caregivers complied with NAC 441A.375 regarding tuberculosis testing. Employee #3 failed to provide a negative chest X-ray after a positive TB test.						
	Severity: 2 Scop	pe: 3					
Y 300 SS=I	449.218(1) Bedrooms	s - Size Requirements		Y 300			
	by two or three reside square feet of floor sp resides in the bedroo share a bedroom with residents. A bedroon	sidential facility that is sents must have at least pace for each resident v.m. A resident may not a more than two other in that is occupied by or ve at least 80 square fe	60 who				
		ot met as evidenced by nd observation on 7/29					

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residents. Residents #1 and #5 shared bedroom

Scope: 3

449.224(2) Housing for Staff Members

#2

Y 371

SS=F

Severity: 3

NAC 449.224

Y 371

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

NAC 449.2742

6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be

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Based on observation on 7/23/09, the facility failed to ensure refrigerated medications belonging to 1 of 6 residents were secured (Resident #4 - Avonex 30 mcg injections were kept in an unlocked fridge in the caregiver's room

Scope: 1

which was also unlocked).

Severity: 2